



IDAHO STATE BOARD OF ACCOUNTANCY

PO Box 83720 Boise ID 83720-0002

Phone (208) 334-2490 Fax (208) 334-2615

LICENSE RENEWAL

July 1st to June 30th

Deadline date: July 1st

- License # _____
- Name: _____
- C/O: _____
- Street: _____
- City: _____ State: _____ Zip _____
- Day Phone: _____ Home # _____ Fax # _____

REQUIRED – Complete name and mailing address above: ----- is this a new address? Yes ☐ No ☐

REQUIRED - Requested status for July 1st to June 30th: Check, money order, cashiers check, or cash can be accepted with this form. No credit card payments will be accepted.

☐ Active \$120

☐ Inactive \$100

☐ Retired \$100

☐ Lapsed (no fee)

REQUIRED - Do you or your firm provide public accounting services in Idaho or for Idahoans:

➤ ☐ **No = PRIVATE:** (i.e. Licensees working in Industry, Government, or Academia)

-or-

➤ ☐ **Yes = PUBLIC** If Yes: **REQUIRED - Type of service provided:** (✓ check below)

➤ **Peer Review Services Offered:** ☐ Audits ☐ Reviews ☐ Compilations

Firm Name: _____ (Firm Registration Required)

-or-

➤ **Non-Peer Review Services Offered:** ☐ Taxes ☐ "Safe Harbor" Financial Statements*

REMEMBER: *Safe Harbor Statements cannot be prepared if your company does audits, reviews or compilations for any client.

Tax and/or Consultation may be included with Peer Review or Non-Peer Review services.

REQUIRED - Please Answer Each Question:

☐ **Yes** ☐ **No** Have you ever: been charged with; pleaded guilty, no contest or nolo contendere to; been convicted or found guilty of; or been sentenced for any felony or misdemeanor (including withheld judgments) not previously disclosed to this Board in writing? (Include traffic violations if felony or misdemeanor such as speeding tickets.) If yes, provide factual narrative of the situation. Include date, court involved, disposition of case, whether disposition has been fully satisfied, and name and address of the office in possession of the record of the event.

☐ **Yes** ☐ **No** Have you had any disciplinary action against or the denial, restriction, revocation or suspension of a license by any state or federal agency or governing or licensing board since filing your last renewal form?

I certify to the truth and accuracy of statements, answers and representations made by me.

REQUIRED: _____
Signature of Licensee *Date* *Email*

On August 1st, a non-renewed license will be BOARD LAPSED and must be reinstated to practice public accounting or use the title.